23rd CHEMICAL BATTALION
555 MEB
PERFORMANCE COUNSELING

1. Leadership Counseling. (Monthly Counseling)

2. The Performance Counseling requirement contained below will be accompanied 30 days after an individual's assignment to a unit or new duty position within a unit and every 30 days there after.   This is not be uses as a substitute for initial counseling.   The completed form will be maintained by the rater/supervisor until the rated/counseled soldier is no longer under the rater's supervision. The counseling will be performed by the normal rater (direct supervisor) or in the case of PV1 to SP4, the individual who would rate the soldier if he or she were in a rateable status (PV1 through SP4 are not rated but will be counseled on this form).

3. Performance Counseling of:
   a. Name and Grade   e. PMOS/SMOS__ _____
   b. Date assigned (unit)_____   f. Duty MOS_____
            OR   g. Date OF last NCOER_____
   c. Date assigned (new pos)_____
   d. Date of Counseling_____

4. Significant contributions made by the ratee during the rated period

5. Professional and Performance Evaluation:
   a. Professional competence (write in negative or positive comments):

      (1) Demonstrates initiative

      (2) Adapts to change:

      (3) Seeks self-improvement

      (4) Performs under pressure:

      (5) Attains results:

      (6) Displays sound judgment:

      (7) Communicates effectively:

(8) Develops subordinates:

(9) Demonstrates Technical Skills: **Wpns Qual Date**_____

(10) **Physical Fitness**: **(Ht** __, **Wt**., Last **APRT Score**___ **Date**_____**)**

b. **Professional standards (write in negative or positive comments).**

   (1) Loyalty:

   (2) Duty:

   (3) Respect:

   (4) Self Service and Self-Discipline

   (5) Honesty

   (6) Integrity

   (7) Personal Courage

   (8) Military Appearance:

6. **PROMOTION CRITERIA/ELIGIBILITY:**

   SECONDARY ZONE:

   PRIMARY ZONE:

   SCHEDULED BOARD DATE APPEARANCE:

   REASONS NOT CONSIDERED:

7. **ADDITIONAL REMARKS:**

Signature Of Counselor _____   **Date**_____

Signature Of Counslee_____   **Date**_____